

## FORM SUMMARY

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**Name of Form:** Order for Supervised Release Plan

**Form Number:** CR-238

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**Statutory Reference:** §§980.08, 980.105, Wisconsin Statutes

**Benchbook Reference:**

**Purpose of Form:** To notify the Department of Health and Family Services to prepare a plan for the court. The plan is to inform the court of the type(s) of services the patient will need in the community once placed on Supervised Release.

**Who Completes It:** Court official.

**Distribution of Form:** A certified copy to Dept. of Health and Family Services (institution). Copies to district attorney, defense attorney, §51.42 Board (of county of respondent's residence), sheriff (where respondent will reside).

**Accompanying Forms:** None.

**New Form/Modification:** New form.

**Modifications:** N/A

**Comments:**

**About this form:** This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

**If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.**